NIH BOARD OF CONTRACT AWARDS REVIEW CHECKLIST ARCHITECT-ENGINEER ACQUISITIONS

	REVIEW TYPE	
() Presolicitation	() Preaward	()Postaward
Office of Acquisition		
Awarding Office		
Presolicitation or Contract Number		
Contract Specialist		
Contracting Officer		
Total Price/Estimated Cost		
Period of Performance		
Brief Description of Items or Services Being Acq	uired	

	SECTION A – Acc	quisition Planning/E	valuat	ion B	oard Act	ivities
No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
		Acquisition Planning				
A.1	Was adequate market research performed?	FAR 7.102; 10.001, 10.002; 12.101 (over \$100K); HHSAR 307.7105				
A.2	Does File contain an adequate Acquisition Plan (AP), addressing all FAR and HHSAR requirements?	FAR 7.105; HHSAR 307.71 (>\$500K – but see documentation requirements for <\$500K or other exceptions at 307.7101(c)) HHS AP template				
A.3	Was acquisition plan developed by entire team and has each participant been identified in the AP?	FAR 7.102(b) FAR 7.105				
A.4	Does AP discuss the rationale for the contract type selected and is the type appropriate for the requirement?	FAR 16.103, HHS AP template				
A.5	If noncompetitive, has a JOFOC been written and approved at the applicable level?	FAR 6.3, HHSAR 306.3, JOFOC Desk Guide				
A.6	Did the Government develop an independent government cost	FAR 7.105; 36.605, HHSAR				

estimate and is it adequate? 307.7103			
		207.7102	
	estimate and is it adequ	iate! 507.7105	

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
A.7	Is there evidence of milestone	FAR 7.105(b)(20);				
	planning/scheduling?	HHSAR 307.7106				
A.8	If requirement is potentially	FAR 50.205-				
	appropriate for Safety Act	2(a)(3)				
	protections, is there evidence in the					
	file that the program office obtained					
	pre-qualification notice?					
A.9	If funded with disaster assistance	FAR 3.1003(b)(2)				
	funds and requested by DHS, does					
	the acquisition include requirement					
	to display any fraud hotline poster					
	applicable to specific project?					
A.10	Is there evidence of adequate	HHSAR 307.7104				
	funding or intent to commit funds?					
A.11	Does the file contain evidence of	HHSAR 307.170;				
	project officer/COTR training, or	307.170-1				
	waiver?					
		Small Business				
A.12	If exceeding specified thresholds,	FAR 7.104(d);				
	was acquisition plan coordinated	HHSAR 319.501				
	with small business specialist					
	(HHS-653)? If applicable, were					
	proper appeal procedures followed?					
A.13	If CO rejects the SBS' or SBA	FAR 19.202-1,				
	PCR's recommendation, has the	FAR 19.505,				
	justification been documented on	HHSAR 319.501				
	the HHS Form 653 and, if SBA					
	PCR recommendation has been					
	rejected, has the SBA PCR been					
	timely notified?					

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
A.14	If this requirement was previously	FAR 19.202-				
	an SBSA, and its current size makes	1(e)(1); 19.501(f)				
	it unlikely for competition by SBs,	FAR 10.001				
	or the requirement involves					
	bundling, has coordination with					
	SBA PCR taken place at least 30					
	days prior to release of RFP?					
A.15	If 8(a) contract is contemplated, has	FAR 19.804				
	Offering Letter been sent to SBA?					
A.16	If 8(a) acquisition, does	FAR 19.805-1				
	requirement meet the test for a					
	single source 8(a) acquisition? If					
	over the threshold, is the					
	requirement set up as competitive?					
A.17	Has HUBZone set-aside been	FAR 19.1305				
	considered?					
A.18	Has service-disabled veteran-owned	FAR 19.1405				
	small business (SDVOSB) set-aside					
	been considered?					
		Contract				
		Type/Purchase				
		Description/				
		SOW/SOO				
A.19	Do services correctly fall under the	P.L. 95-582, FAR				
	Brooks Act definition?	36.601-4				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
A.20	Is Purchase description/statement of	FAR 11.002,				
	work, specification, etc. adequate,	11.101(a)				
	limiting use of "brand name or					
	equal" unless justified, and					
	following established purchase					
	description order of preference?					
A.21	Do requirements documents	FAR 11.101(b),				
	achieve maximum practicable	FAR 23.2, 23.4,				
	energy efficiency, as well as use of	23.7				
	recovered material, environmentally					
	preferable materials, energy- and					
	water-efficient products, renewable					
	energy technologies, products					
	containing energy-efficient standby					
	power devices, ENERGY STAR or					
	FEMP products as required, and					
	biobased products, as applicable?					
A.22	For facility design contracts, does	FAR 36.601-3(a)				
	SOW require that A-E specify in					
	construction design specifications:					
	use of maximum practicable amt. of					
	recovered materials IAW perf.					
	requirements, availability, price					
	reasonableness, and cost-					
	effectiveness, & as appropriate,					
	does SOW also require A-E to					
	consider energy & conservation,					
	pollution prevention, & waste reduction to maximum extent					
	practicable in developing					
	construction design specs?					

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
A.23	If both A&E and other services are required, are proper procedures followed?	FAR 36.601-36				
		Services				
A.24	Is there documentation that the services, if applicable, do not represent an inherently governmental function?	FAR 7.503; 11.106				
		Bundling				
A.25	Does AP address bundling, and if anticipated, was market research conducted to determine whether bundling was necessary and if so, was it justified and approved?	FAR 7.107, 19.202-1(e)(1)				
A.26	If bundled contract is anticipated, has proper notification to affected incumbent SB concerns taken place?	FAR 10.001(c)(1) & (2), 7.107(a); 19.202-1(e)(1)				
A.27	Has coordination of anticipated bundled contract taken place with HHS SBS and PCR?	FAR19.202- 1(e)(1)(iii)				
1.20		Sources				
A.28	Are sources selected in accordance with the procedures in FAR 36.6?	FAR 36.601-3, 36.602				
		Source Selection Planning				
A.29	If past performance is not to be evaluated, has CO provided rationale?	FAR 15.403(c)(3)(iii)				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
A.30	Is A&E Evaluation Board composed of members who have experience in architecture, engineering, construction and Government acquisition?	FAR 36.602-2(a)				
	•	OCOI/COI				
A.31	If potential for OCOI/COI has been determined, did CO obtain assistance/advice of technical specialists and OGC in evaluating potential conflicts?	FAR 9.504(b)				
A.32	If significant potential for OCOI/COI, did CO provide written analysis, recommended course of action, draft RFP provision and clause language to HCA?	FAR 9.504(c)				
		D&Fs/JUSTIFI- CATIONS				
A.33	If submission of cost/pricing data >SAT but <\$650K is required, has approval been obtained?	FAR 15.403-4(a)				
A.34	If applicable, is there an approved D&F for use of a T&M or L/H contract?	FAR 16.601(c)				
A.35	If applicable, is there an approved D&F for use of a letter contract and has it been properly approved?	FAR 16.603-3(a), HHSAR 316.603- 3, OAMP Policy Letter 2004-01				

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
A.36	If applicable, has D&F been	FAR 17.206				
	executed for evaluation or non-					
	evaluation of options?					
A.37	If applicable, is there a properly	FAR 16.603,				
	approved D&F for use of a letter	HHSAR 316.603-				
	contract?	3, OAMP Policy				
		Letter 2004-1				
A.38	If a particular source is excluded	FAR 6.202(b),				
	from competition to establish or	HHSAR 306.202				
	maintain alternative source(s), has					
	determination been made and					
	approved?					
A.39	If contract action with Government	FAR 3.602,				
	employee or business concern	HHSAR 303.602				
	substantially owned or controlled					
	by one or more Government					
	employees, did CO obtain					
	exception to policy?					
A.40	If liquidated damages planned, are	FAR 11.5				
	they adequately documented as to					
	their need, and not considered a					
	penalty?					
A.41	If acquisition meets definition of	FAR Part 18				
	"emergency acquisition					
	flexibilities" have available					
	acquisition flexibilities or					
	emergency flexibilities been					
	considered, & if not, has action as					
	written been justified as to rationale					
	for not using these flexibilities?					

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
A.42	If multiyear contracting is used, has	FAR 17.105-1				
	HCA determination been obtained?					
A.43	If IDIQ >\$100M, is D&F approved	FAR				
	by HCA in file?	16.504(c)(1)(ii)				
		(D)				
		Synopsis				
A.44	Is there a FedBizOpps notice of	FAR 5.205(d),				
	intent to contract for A&E services,	36.601-1				
	including specific selection criteria					
A.45	Does synopsis include proper	FAR 19.303(a)				
	NAICS code and size standard?					
A.46	Does synopsis allow at least a 30-	FAR 5.203(d)				
	day response time from date of	(includes				
	publication of notice of intent to	competitive 8(a)				
	contract for A-E services?	acquisitions)				
A.47	If non-competitive acquisition	FAR 6.3, 6.4, 6.5,				
	under a FAR Part 6 exception	HHSAR 306.2,				
	requiring advertising in	306.3, 306.5				
	FedBizOpps, has the synopsis been					
	issued or is a draft synopsis in file?					
A.48	If CO believes that advance notice	HHSAR 305.202				
	is not appropriate, has memo been					
	sent to HHS requesting relief from					
	synopsizing and has it been					
	approved?					

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
A.49	If Safety Act is applicable, does pre-solicitation notice state that pre-qualification designation notice has been requested and either issued or denied by DHS? If designation notice has been issued, has it been incorporated into RFP?	FAR 50.205-2(b)				
	meorporated into Kr i :	Evaluation Planning				
A.50	Is SF-330, A-E Qualifications form used for evaluation of potential A&E contractors?	FAR 36.702(b)				
A.51	Do selection criteria for potential A-E contractors consider professional qualifications necessary for satisfactory performance?	FAR 36.602- 1(a)(1)				
A.52	Do selection criteria consider specialized experience and technical competence in type of work required, and where appropriate, experience in energy conservation, pollution prevention, waste reduction and use of recovered materials?	FAR 36.602- 1(a)(2)				
A.53	Do selection criteria consider capacity to accomplish work in required time period?	FAR 36.602- 1(a)(3)				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
A.54	Do selection criteria consider past performance on contracts with Government agencies and private sector in terms of cost control, quality of work and compliance with performance schedules?	FAR 36.602- 1(a)(4)				
A.55	Do selection criteria consider location in general geographical area of the project and knowledge of locality of the project (application of this criterion must leave an appropriate no. of qualified firms)?	FAR 36.602- 1(a)(5)				
A.56	If using a design competition, has head of agency given approval?	FAR 36.602-1(b)				
A.57	Does RFP clearly state all factors and subfactors and their relative importance?	FAR 15.304(d), HHSAR 315.204- 5(c)(1) Misc. Issues				
A.58	If IDIQ, are multiple awards anticipated, or does the file document why a single award is contemplated?	FAR 16.504(c)				
A.59	If IDIQ, have procedures for ordering been included?	FAR 16.504				
A.60	If IDIQ, have minimum and maximum quantities been included?	FAR 16.504				
A.61	If IDIQ, has period of performance been included?	FAR 16.504				

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
A.62	Is there evidence of an internal file	NIH Manual				
	review?	6304.71				
A.63	If RFI or exchanges with industry,	FAR 15.201				
	were they conducted properly?					
A.64	Does the RFP include requirement	FAR 3.10				
	for contractor code of business					
	ethics and conduct, and a hotline					
	poster, as applicable?					
		Evaluation				
		Board Functions				
A.65	If non-Government individuals sit	FAR 36.602-2(b)				
	on the Evaluation Board, has it been					
	ensured that no firm is eligible for					
	award during the period in which					
	any of its principals or associates					
	are participating members of the					
	Evaluation Board?					
A.66	Has the Evaluation Board reviewed	FAR 36.602-3				
	current data files on eligible firms					
	and responses to the FedBizOpps					
	concerning the specific project?					
A.67	Has the Evaluation Board reviewed	FAR 36.602-1,				
	the firms in accordance with criteria	36.602-3(b)				
	specified?					
A.68	Has the Evaluation Board held	FAR 36.602-3(c)				
	discussions with at least 3 of the					
	most highly qualified firms					
	regarding concepts and the relative					
	utility of alternative methods of					
	furnishing the required services?					

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
A.69	Has the Evaluation Board prepared a selection report to the designated selection authority detailing strengths/weaknesses for each evaluation criterion, discussions held, and recommending, in order of preference, at least 3 firms that are considered to be the most highly qualified to peform the required services?	FAR 36.602-3(d)				
A.70	Has the designated selection authority reviewed the recommendations and made the final selection in the form of a listing, in order of preference of the firms considered most highly qualified to perform the work?	FAR 36.602-4				
A.71	If the designated selected authority does not agree with the recommendations made by the Evaluation Board in the order of the Board's preference, has he/she provided a written explanation of the reason(s)?	FAR 36.602-4(b)				
A.72	Has the Evaluation Board been notified of the final selection?	FAR 36.602-4(d)				
		Misc. Issues				
A.73	Does the RFP include time of delivery or performance schedule?	FAR 11.4				

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
A.74	If contract will involve	HHSAR				
	safety/health issues, are proper	323.7002				
	clauses included?					

		ON B – SOLICITA				
No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
		RFP				
B.1	Does RFP include proper NAICS code and size standard?	FAR 19.303(a)				
B.2	If solicitation period consistent with FAR 5.203?	FAR 5.203 (includes competitive 8(a) acquisitions)				
B.3	Has the RFP informed the offeror that no construction contract may be awarded to the firm that designed the project, except as provided at FAR 36.209?	FAR 36.606(b)				
B.4	Does RFP include annual reps and certs	FAR 4.1202 and 52.204-7				
B.5	If electronic commerce was used to issue RFP and receive proposals, did RFP specify permitted electronic methods?	FAR 15.203(c)				
B.6	Are proper provisions/clauses included?	FAR 36.606, 36.609, 52.301 Matrix, NCI Contract Workform				
B.7	Does RFP require the A-E contractor to design the project so that construction costs will not exceed a contractually specified dollar limit (funding limitation), unless inapplicable?	FAR 36.209-1, 52.236.22				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
B.8	If oral RFP used, is there compliance with FAR?	FAR 15.203(f)				
B.9	If liquidated damages are used, is the clause proper?	FAR 11.503				
B.10	If letter contract used in a sole source acquisition, is there compliance with FAR requirements?	FAR 15.203(e)				
B.11	If potential conflict of interest is involved, does RFP include appropriate provisions?	FAR 9.504(b), 9.506(b)(1)-(3), NIH Manual 6009-1				
B.12	If contract will require contractor to have physical access to a federally-controlled facility or access to a federal information system, has FIPS PUB 201, associated OMB guidance, and requirement for inclusion of proper clause been followed?	FAR 4.13 and 52.204-9				
B.13	If hazardous materials required, has FAR 52.223-3 been included?	FAR 23.303(a)				
B.14	Are date, place and time for receipt of offers clearly stated on face page of RFP?	FAR 15.204-2				

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
B.15	Does the RFP include requirement	FAR 3.10				
	for contractor code of business ethic					
	and conduct, and a hotline poster					
	display, as applicable?					
		RFP				
		Amendments				
B.16	If oral notice of RFP amendment is	FAR 15.206(f)				
	used, is there compliance with					
	FAR?					
B.17	If RFP is amended, have	FAR 15.206				
	amendments been sent and was					
	closing date extended if necessary?					
		Evaluation				
B.18	Does RFP provide basis for award?	FAR 15.304				
		Options				
B.19	If options included, did CO justify	FAR 17.205				
	and document in contract file?					
B.20	If options included, does the RFP	FAR 17.203(b),				
	provide the basis for evaluation?	HHSAR 317.201				
B.21	If options included, does the RFP	FAR 17.204(e),				
	limit the term to 10 years for	HHSAR				
	services (except those subject to	317.204(e)				
	SCA – 5 years), and 5 years for					
	supplies? (N/A for IT contracts and					
	R&D contracts)					
B.22	If options included, is provision at	FAR 17.202(a)				
	FAR 52.217-5 included?	·				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
		IDIQ				
B.23	Does the RFP specify the period of performance, the minimum and maximum quantities, procedures for fair opportunity, etc. necessary under IDIQ contracts?	FAR 16.504(a)				
		Cost/Pricing Data – Non- FP				
B.24	Does RFP adhere to pricing policy and used order of precedence for determining type of cost or pricing data required? Did CO comply with prohibition on obtaining cost or pricing data or obtain waiver?	FAR 15.402, 15.403-1, 15.403- 4(a)(2)				
B.25	If RFP will waive requirement for cost or pricing data, has HCA approved waiver?	FAR 15.403- 1(c)(4)				
B.26	Does RFP include instructions for submission of cost or pricing data or other than cost or pricing data (information)?	FAR 15.403(5)(a)(1)- (4)				
B.27	If submission of cost or pricing data is required, does RFP state that such data can be submitted in offeror's own format?	FAR 15.403- 5(b)(2) (unless CO determines a specific format is essential)				

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
B.28	If cost-reimbursement contract is	FAR 16.3				
	used, is RFP appropriately					
	structured as Level of Effort or					
	Completion type and is proper					
	language used?					
B.29	If RFP will require submission of	FAR 15.403-				
	cost or pricing data >100K but	4(a)(2)				
	<\$650K, has HCA authorized CO					
	to obtain the data?					
		Misc. Issues				
		Multiyear				
		Contracting				
B.30	If multi-year contracting used, did	FAR 17.106-2				
	RFP include all required factors to					
	be considered in evaluation?					
B.31	If multi-year contracting used, did	FAR 17.109				
	RFP include required clauses?					
B.32	If CO determined that RFP	FAR 5.102(a)(4);				
	contained information that required	5.102(a)(5)				
	additional controls to monitor	(over \$25K)				
	access and distribution (e.g.,					
	technical data, specifications, maps,					
	building designs, schedules, etc.),					
	was information made available					
	through the Federal Technical Data					
	Solution (FedTeDS) unless exempt?					
B.33	If FedTeDS was used, was it in	FAR 5.102(a)(4)				
	conjunction w/GPE solicitation					
	notice to meet synopsis & adver-					
	tising requirements of FAR Part 5?					

NT -	Action Item	- RECEIPT, EVAUA FAR/HHSAR/	Yes		N/A	Ca
No.	Action Item	NIH Policy Part	Yes	No	N/A	Comments
		Receipt				
C.1	Have proposals been received no	FAR 15.208,				
	later than time set for receipt of offers, and if not, are late proposals handled properly?	HHSAR 315.208				
C.2	Are proposal modifications,	FAR 15.208,				
	revisions, or withdrawals handled properly?	HHSAR 315.208				
C.3	If electronic proposals were permitted, were any unreadable electronic bids handled properly?	FAR 15.203(c)				
		Evaluation				
C.4	If option quantities or periods were solicited, was proper evaluation conducted?	FAR 17.206				
C.5	Do at least 50% of HHS evaluators have appropriate training?	HHSAR 307.170- 2				
C.6	Was small business subcontracting evaluation accomplished properly?	FAR 15.305(a)(5)				
C.7	Is cost or price evaluation	FAR				
	compliant?	15.305(a)(3),				
		15.404-1(a)-(c), HHSAR 315.305				
C.8	If option quantities or periods were	FAR 17.206				
	solicited, was proper evaluation conducted?					
C.9	Are evaluators' certifications in	HHSAR				
	file?	315.305(a)(3)(ii)(
		E)(2) and (3)				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
C.10	Has Evaluation Board prepared a selection report recommending, in order of preference, at least three firms that are considered to be the most highly qualified to perform the required services? Does the report I include a description of the discussions and evaluation conducted by the board to allow the selection authority to review the considerations upon which the recommendations are based?	FAR 36.602-3(d)				
C.11	If the firm listed as the most preferred is not the firm recommended as the most highly qualified by the evaluation board, has the selection authority provided for the contract file a written explanation of the reason for the preference?	FAR 36.603-4(b)				
		Negotiations				
C.12	Has the contracting officer conducted the negotiations IAW FAR Part 15, beginning with the most preferred firm in the final selection?	FAR 36.606(a)				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
C.13	Has the contracting officer sought advance agreement on any charges for computed-assisted design, or if the firm's proposal does not cover appropriate modern, cost-effective design methods (e.g., computerassisted design), has the contracting officer discussed this topic with the firm?	FAR 36.606(d)				
C.14	Has the extent of any subcontracting been discussed and are the limits of a firm's subcontracting been agreed upon IAW FAR 52.244-4?	FAR 36.606(e), 52.244-4				
C.15	Have proposal revisions/final proposal revision been handled properly?	FAR 15.307, HHSAR 315.307				
C.16	If a mutually satisfactory contract cannot be negotiated, has the firm been notified that negotiations have been terminated and were negotiations initiated with the next firm on the final selection list?	FAR 36.606(f)				
C.17	If negotiations fail with all selected firms, has the contracting officer referred the matter to the selection authority?	FAR 36.606(f)				

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
		Cost/Price				
		Analysis				
C.18	Have prenegotiation objectives,	FAR 15.406-1,				
	including profit/fee analysis, been	15.404-4,				
	established?	HHSAR 315.404-				
		4				
C.19	Has cost analysis, price analysis,	FAR 15.404,				
	cost realism been performed as	HHSAR 315.404-				
	required?	2				
C.20	If cost analysis report has been	FAR Part 15, NIH				
	provided from DFAS or through	Manual 6015-1				
	field pricing information, have					
	recommendations been followed or					
	has the file been documented					
	justifying why the					
	recommendations were not					
	followed?					
C.21	If cost analysis was performed, is	FAR 31.202;				
	there adequate evaluation of					
	negotiated direct labor costs?					
C.22	If cost analysis was performed, is	FAR 31.202;				
	there adequate evaluation of					
	negotiated fringe benefit costs?					
C.23	If cost analysis was performed, is	FAR 31.202;				
	there adequate evaluation of					
	negotiated materials and supplies					
	costs?	E4D 01 000				
C.24	If cost analysis was performed, is	FAR 31.202;				
	there adequate evaluation of					
	negotiated other direct costs?					

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
C.25	If cost analysis was performed, is there adequate evaluation of negotiated indirect costs?	FAR 31.202;				
C.26	Has subcontract pricing been appropriately considered?	FAR 15.404-3				
C.27	Has profit/fee been adequately analyzed?	FAR 15.404-4, HHSAR 315.404-4				
C.28	If cost or pricing data was required, did contractor execute a proper Certificate of Current Cost or Pricing Data?	FAR 15.406-2				
C.29	If cost or pricing data waived, is waiver in accordance with stipulated guidelines?	FAR 15403- 1(c)(4)				
C.30	If CO learned that any cost or pricing data was inaccurate, incomplete, or noncurrent, is there compliance with procedures in FAR?	FAR 15.407-1				
		OCOI/COI				
C.31	If COI existed that could not be avoided or mitigated, did CO notify contractor, provide reasons and allowed the contractor a reasonable opportunity to respond?	FAR 9.504(e)				
C.32	Has CO resolved any conflict, or potential conflict of interest before contract award?	FAR 9.506(d), 9.503				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
C.33	If CO found that it was in best interest of the Government to award contract notwithstanding a COI/OCOI, was a written waiver obtained?	FAR 9503, 9.504(e)				
		Award				
C.34	Does award document include all required clauses for the type of contract used?	FAR 52.301, NCI Workform				
C.35	Has price reasonableness been established?	FAR 15.406-3, HHSAR 315.372				
C.36	Is an adequate, signed negotiation memorandum ("Summary of Negotiations") in the file?	FAR 15.406-3, HHSAR 315.372				
C.37	Does Summary of Negotiations adequately address negotiated amounts for each contract period?	FAR 15.406- 3(a)(7),(8), HHSAR 315.372(g)				
C.38	Is Summary of Negotiations internally consistent with the cost/price amounts for each contract period and with the contract document?	FAR 15.406- 3(a)(7), (8); HHSAR 315.372(g)				
C.39	If Facilities Capital Cost of Money was proposed/negotiated, was a dollar-for-dollar offset made to fee or profit objective?	FAR 31.205-10				
C.40	Is source selection properly and sufficiently documented?	FAR 15.308				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
C.41	Does contact reflect agreement of the parties?	HHSAR 315.371(a)(2)				
C.42	Was affirmative determination of responsibility (including financial responsibility) made?	FAR 9.103(b), 9.104-1; HHSAR 315.372				
C.43	Is there adequate documentation in file to support responsibility determination (e.g, current balance sheet analysis with financial ratios computed, a current D&B report, line of verifications, etc.)?	FAR 9.104-1				
C.44	If protest before award, was it handled properly?	FAR 33.1, NIH Manual 6033-1 and 6033-2				
C.45	If agency protest, were OGC and NIH PCO consulted and did they concur with response prepared by contracting officer?	HHSAR 333.103,				
C.46	Was Excluded Parties List System (EPLS) checked?	FAR 9.405(d)(1) & (4)				
C.47	Was proper notification provided to unsuccessful offerors?	FAR 36.607				
C.48	Was there an approved subcontracting plan, if applicable?	FAR 19.702)a)(2) (req. for LB award over \$550K)				
C.49	If subcontracting plan is applicable, has it been included as a part of the contract?	FAR 19.705- 5(a)(5)				

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
C.50	Was EEO Clearance received?	FAR 22.805				
		(required >\$10M				
		exc. Construction				
C.51	Are contractor's Representations	FAR				
	and Certifications complete and	4.803(a)(11),				
	accurate or, if used, are electronic	4.1201,15.204-5				
	Reps & Certs referenced in contract					
	file adequate?					
C.52	If letter contract is definitization	FAR 16.603-2(b)				
	schedule included in contract?	and (c)				
C.53	If applicable, are performance-	FAR 32.1004(b),				
	based finance payments established	32.104				
	in contract only to extent actually					
	needed for performance?					
C.54	Is there written assurance that	FAR 32.702,				
	adequate funds are available (funds	32.703-2				
	certification), or is the award					
	conditioned upon availability of					
	funds?					
C.55	Was preaward notice furnished to	FAR				
	offerors when using SBSA, unless	15.503(a)(2)(i)				
	CO made determination of					
	urgency?					
C.56	If debriefings are held, are they	FAR 36.607(b)				
	conducted properly?	(FAR 15.503,				
		15.506(b)-(f),				
		15,507(c)				
C.57	Is contract prepared on SF 252 and	FAR 1.601,				
	signed by a warranted CO and is	4.101, 36.702(a)				
	amount within his/her authority?					

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
C.58	Is there evidence of an internal file review of contract and documentation?	NIH Manual 6304.71				
C.59	Is draft FedBizOpps Award Notice in file?	FAR 5.301 (required >\$25K)				
C.60	Is draft public award announcement ("Congressional Liaison Office") in file?	FAR 5.303(a), HHSAR 305.303(a) (required > \$3.5M)				
C.61	Is contractor is in CCR?	FAR 4.1103				
C.62	Has CO entered contract into Prism/Compusearch (NBS) and completed DCIS documentation within required timeframes?	FR 4.604(b); HHSAR 304.602				
C.63	Has source selection information been appropriately marked?	FAR 3.104-4				
C.64	If advance payments are appropriate is executed D&F in file?	FAR 32.402(c)				
C.65	If applicable, is use of incremental funding appropriate?	HHSAR 332.702				
C.66	Is contract-specified timetable consistent with planned phases or increments and corresponding allotments of funds?	HHSAR 332.703- 1(b)(2)				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
C.67	At time of award, if cost reimbursement contract has been awarded, and if less than the first year of performance funded, did the CO document file as to why it was advantageous to Gov't. & did the funding cover a complete phase or increment of performance?	HHSAR 332.703- 1(b)(5)				
C.68	Does contract contain precise requirements for progress reports, if applicable?	HHSAR 332.703- 1(b)(7)				
C.69	If letter contract, is it appropriate and compliant with requirements?	FAR 16.603, HHSAR 316.603				
C.70	Did CO ensure that fee complied with limitations?	FAR 15.404(c)(4)				
C.71	If appropriate, are CAS clauses included in contract?	FAR 30.201-4, Appendix 9903-2				

	SECT	ION D – Contract Admi	inistrat	ion		
No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
D.1	If letter contract or undefinitized action, contract definitized in a timely manner.	FAR 16.603				
D.2	Is COTR designated in writing and does COTR/PO have training in accordance with HHSAR requirements or has a waiver obtained?	HHSAR 307.170 and 307.170-1 and 2				
D.3	If FAR 52.219-28 was included in contract, did contractor represent its size status upon occurrence of events stipulated?	FAR 19.308(d), 52.219-28(b)				
D.4	Is contractor size status representation validated or updated in the ORCA and its data in the CCR also updated to reflect current status?	FAR19.308(d), FAR 52.219-28				
D.5	If CO was notified of possible contractor violation of Federal criminal law, have proper procedures been followed, including coordination with OIG?	FAR 3.1003(b) Post Award Protests				
D.6	If protest after award, has CO determination for agency protest been handled timely?	FAR 33.104				
D.7	If protest after award, has CO obtained concurrence from Protest Control Officer?	HHSAR 333.103(f)(2)(iii)				

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
D.8	If protest after award, has CO	FAR 33.104,				
	followed appropriate protest	HHSAR 333.104				
	procedures in response to protest	NIH Manual				
	filed with GAO?	6033-1 & 6033-2				
D.9	If applicable, has D&F to allow	FAR 33.104(c) &				
	performance been properly	(d), HHSAR				
	approved?	333.104(c) & (d),				
		NIH Manual				
		6033-2				
D.10	If protest after award of	FAR				
	task/delivery order under IDIQ, and	16.505(a)(9)(i)				
	if <\$10M, is only on the basis that					
	order increases scope, period, or					
	maximum value of contract?					
		Modifications				
		and Change				
		Orders				
D.11	Are contract modifications properly	FAR 43				
	documented, citing correct					
	authority and funding, within scope,					
	and issued properly as unilateral or					
	bilateral?					
D.12	If modification is for new work, is	FAR 6.303,				
	approved JOFOC in file?	HHSAR 306.303,				
		JOFOC Desk				
		Guide				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
D.13	If change order issued, is it within scope, within parameters of Changes clause and signed by a warranted CO (within his/her authority)?	FAR 43.2				
D.14	If change order issued, was equitable adjustment definitized?	FAR 43.2				
D.15	If change orders have been executed, were they definitized in a timely manner?	FAR 43.204				
D.16	Does supplemental agreement definitizing a change order include a Contractor's Statement of Release?	FAR 43.204(c)				
D.17	If modification to a construction contract awarded as a result of this A-E contract is required due to an error or deficiencies in the A-E contract, has the CO considered the extent to which the A-E contractor may be liable, enforced the liability and collected the amount due? Has the file been properly documented?	FAR 36.608				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
D.18	If the price of construction proposed in response to a solicitation exceeds the construction funding limitation in the A-E contract, has the A-E firm been held solely responsible for redesigning the project within the funding limitation, at no increase in price? (unless there were unanticipated material costs or undue delay)	FAR 36.609-1				
D.19	Where applicable, are contractor's requests for equitable adjustment processed in accordance with FAR 50.103 and is there a compliant approval/denial Memorandum of Decision in file?	FAR 50.103-6				
D.20	Has contract modification been entered into Prism/Compusearch (NBS) and FPDS (through DCIS), including mods for change in size status, as applicable?	FAR 4.604(b)(5); NBS				
D.21	If a contract with options and a subcontracting plan was required, or if a modification to a contract, have revised subcontracting goals been negotiated?	FAR 19.705-2				
D.22	Are claims/disputes handled properly?	Claims\Disputes FAR 33.2, HHSAR 333.2				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
D.23	Has CO made a timely response to	FAR 33.211(c)-				
	contractor dispute under CDA?	(f)				
D.24	Has contractor submitted certified claim under CDA?	FAR 33.207				
D.25	Has CO consulted OGC in resolving dispute under CDA?	HHSAR 333.211				
D.26	Has CO successfully resolved claim under CDA?	FAR 33.210				
D.27	Has CO rendered final decision IAW FAR & agency provisions?	FAR 33.211, HHSAR 333.211				
D.28	If applicable, is alternate dispute resolution process used?	FAR 33.214				
	1	Management				
D.29	If mistake after award, have appropriate procedures been followed?	FAR 15.508				
D.30	If options included in contract, have they been executed properly and documented?	FAR 17.207				
D.31	Have contractor's invoices been reviewed/approved/disapproved in a timely manner?	FAR 32				
D.32	If termination for convenience/default deemed necessary, was process handled properly?	FAR 49				
D.33	If novation/change of name agreement requested, was process handled properly?	FAR 42.12				

No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments
D.34	Are performance evaluation reports in file, using SF 1421?	FAR 36.604				
D.35	If contractor's overall performance was unsatisfactory, was contractor advised in writing, and provided the basis for the report? Was contractor given opportunity to provide comments? If so, did the evaluating official resolve any alleged factual discrepancies and make appropriate changes in the report?	FAR 36.604 (Req. >\$30,000				
D.36	If cost overrun, has coordination taken place with program office, additional funds request received from contractor, statement from program office to fund/terminate contract, fixed fee unadjusted?	HHSAR 342.7101, 342.7102				
D.37	Have debarment/suspension procedures been properly followed?	FAR 9.4, HHSAR 309.4				
D.38	If applicable, has there been consent to subcontracts or approved system?	FAR 44.201				
D.39	Are subcontracting compliance reports submitted by prime contractor and subcontractors (using eSRS), and have they been evaluated?	FAR 19.704(a)(10), 19.705-6, 19.705- 7, 19.706 (Required for Large Bus. > \$500K				

No.	Action Item	FAR/HHSAR/	Yes	No	N/A	Comments
		NIH Policy Part				
	If task/delivery order under IDIQ	FAR				
D.40	over \$5M, does requirement sent	16.505(a)(9)(b)				
	under fair opportunity provide	(iii)				
	proper information?					
D.41	If task/delivery order under IDIQ in	FAR 16.505(b)(4)				
	excess of \$5M, has CO properly					
	notified unsuccessful offerors?					

SECTION E – Contract Closeout								
No.	Action Item	FAR/HHSAR/ NIH Policy Part	Yes	No	N/A	Comments		
E.1	Has final payment/settlement been made?	FAR 4.804-5						
E.2	Have administrative closeout procedures been accomplished?	FAR 4.804-5						
E.3	Has contract completion statement been prepared?	FAR 4.804-5(b)						
E.4	Has disposition of GFP/GFE been addressed?	FAR 45.603						
E.5	Has final past performance evaluation been received?	FAR 42.1502, 42.1503 (over \$100K)						
E.6	If applicable, has a contract audit in accordance with agency procedures been performed?	HHSAR 304.804- 70						
E.7	Have storage, handling & disposal of contract files been accomplished in accordance with agency procedures?	FAR 4.805						
E.8	Has closeout been accomplished in a timely manner?	FAR 4.804-1						
E.9	Has the HHS GWAC contract been used to accomplish closeout, or has a justification been prepared for the file?	HHS guidance						
E.10	Have excess funds been deobligated and returned to customer?	FAR 4.804-5						